

## **Social Equity All-Star Program Amendment Form**

This form is for voluntary use by the Social Equity All-Star Program participants requesting to amend their social equity plans, corporate spend plans, and/or community reinvestment plans.

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Please provide the fo	llowing information	on regarding the Lice	nsee seeking to amend their Soc	ial Equity All-Sto	ar Program social
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Establishment Name	:		Other Names (e.g. DBA):		
License Number:					
		Person Co	mpleting Form		
Please provide the fo	llowing information	on regarding the pers	son completing the All-Star Progi	ram amendmen	t form.
					-
Full Name:					
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	First	M.I	Last		Suffix
Mailing Address:					
Street Address			City	State	Zip Code
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Phone:		Fn	nail:		

## **Amendment Information**

Please select the plan(s) you are requesting to amend and attach the updated plan(s) to the form.

Social Equity Plan	Licensee's social equity plans should consider the following when developing and implementing their social equity plans – determine if the municipality where the licensee plans to operate has enacted any requirements related to social equity, use the social equity plan to complement the licensee's business strategic goals and objectives, and lastly, identify the primary component(s) of the social equity plan – employment, educational or mentorship programs, monetary assistance, or training.  An advisory bulletin detailing guidance regarding social equity plans can be found on the CRA's website <a href="here">here</a> .  I give permission to publish our lattest that our Social Equity Plan is amended Social Equity Plan current in its implementation			
Corporate Spend Plan	Licensees' corporate spend plans should include a dedicated percentage of the business' annual spending to diverse supplier(s). Licensees can find a list of business certification resources <a href="here">here</a> .			
	There are many ways in which licensees can spend money with diverse suppliers within the cannabis supply chain, including, but not limited to, legal, accounting, real estate, architect, interior designer, security, insurance, marketing, packaging, and printing. Payroll is not considered to be part of a corporate spend plan.			
	☐ I give permission to publish our ☐ I attest that our Corporate Spend Plan is amended Corporate Spend Plan current in its implementation			
Community Reinvestment Plan	Licensees' community reinvestment plans should detail the licensee's volunteer time or donation percentages of their revenue to organizations, non-profits, and/or charities which positively impact any of the groups in these identified categories:			
	<b>Category one:</b> Organizations within communities the CRA has identified as disproportionately impacted by marijuana prohibition. A list of those communities can be found <a href="https://example.com/here">here</a> .			
	Category two: Individuals or groups in any of the following categories: Racial/ethnic minorities, women, veterans, Native American tribes, LGBTQ, people with disabilities, and returning citizens.			
	☐ I give permission to publish our ☐ I attest that our Community amended Community Reinvestment Plan Reinvestment Plan is current in its implementation			

## **Consent to Publish**

Being duly authorized, I hereby consent to the Cannabis Regulatory Agency (the "CRA") publishing the amended social equity plan, corporate spend plan, and/or the community reinvestment plan that was included with the licensee's all-star program amendment form to the CRA's website. I understand the social equity plan, corporate spend plan, and the community reinvestment plan is to be made available to the public by the CRA on the CRA's website for the purposes of publicizing the mentioned plans or any other lawful purpose.

I also consent to the CRA publishing additional information, including the name of the licensed establishment and information about the services provided by the licensed establishment.

I acknowledge that my participation is voluntary and that I may decline to participate by not completing and returning this form.

## Disclaimer of Endorsement and Partnership

I hereby acknowledge that allowing the CRA to make my amended social equity plan, corporate spend plan, and/or the community reinvestment plan available to the public does not constitute an endorsement by the CRA or the State of Michigan of me or my licensed establishment.

I further acknowledge that my consent to make the licensed establishment's social equity plan, corporate spend plan, and/or the community reinvestment plan available to the public does not create a partnership with the CRA or the State of Michigan nor is the licensed establishment's participation exclusive.

By participating, I understand that the CRA does not make any warranty, express or implied, and does not assume any legal liability for the accuracy, completeness, or usefulness of any information provided by the licensed establishment, or that may be found in the licensed establishment's social equity plan, corporate spend plan, and/or the community reinvestment plan.

First Name	Last Name	Affiliation with Establishment
TH3t Name	Last Name	Agjination with Establishment
Establishm	nent name	
Sianature	Date	<del></del>

Please email completed form and updated plan(s) to: CRA-SocialEquity@michigan.gov